MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-049140
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3636

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED JAN 10 1963

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4013		
2	4013		
3	2		
4	0		
5	2		
6			
7	1		
8	0		
9	332X		
10			
11			
12	90-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Florissant, — Length of stay in 1b YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1900 Allan Drive, — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN Florissant, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1900 Allan Drive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle F. Last SZYMANSKI

4. DATE OF DEATH: Month Dec. Day 12 Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6/14/1893

9. AGE (last birthday): 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Moloney Electric

11. BIRTHPLACE (City and state or country): Posen, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Barney Szymanski

13b. MOTHER'S MAIDEN NAME: Veronica Jessa

14. NAME OF HUSBAND OR WIFE: Frances Szymanski, (Dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of servi W.W.1

16. SOCIAL SECURITY NO. 48

17. INFORMANT Address: Joseph S. Bialczak, 1900 Allan Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1958 to 12/12/62 and last saw her/him alive on 11/10/62.
Death occurred at 3:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Potashnick M.D. — 22b. ADDRESS 3720 Washington — 22c. DATE SIGNED 12/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE Dec. 15 1962 — 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery — 23d. LOCATION (City, town, or county) St. Louis, Missouri. (State)

24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON – 5541 RIVERVIEW BLVD.

25. DATE RECD. BY LOCAL REG. 12-14-62

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J M Rustin

Licensed Embalmer No. 3980

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.